

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. L. COM. COMMISSION

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. NM 01917
2. NAME OF OPERATOR Jubilee Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 109, Midland, Tx 79705		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 990' FEL of the section		8. FARM OR LEASE NAME Gulf Federal
14. PERMIT NO. N/A Date: 2-8-85		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 3587 G.R., 3592 KB, 3591 DF		10. FIELD AND POOL, OR WILDCAT Triple X Delaware (Ext.)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-24S-32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/> XX
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

- 9 5/8" 24# casing set @ 1187' & cemented with 275 sx. Class "C", 4% gel + 200 sx. Class "C" Neat. Circulated to surface.
- 5" 23# casing set @ 5020' & cemented with 200 sx. Class "C". Cement top @ 3917'.
- Perforate 5" casing from 4974' to 4994' with 20 shots. Well will not produce in commercial volumes.
- CIBP @ 4900'. Spot 35' cement with bailer.
- Cut 5" casing @ 3850'. Pull casing.
- Go in hole with tubing & spot 150' cement, centered at cut. WOC 4 hours and tag plug.
- Pull tubing to base of Salt @ 2689'. Spot 100' cement plug from 2639' to 2739'.
- Pull tubing to base of 9 5/8" casing @ 1187'. Spot 100' cement plug from 1137' to 1237' Tag plug.
- Spot 10 sx. of cement in top of 9 5/8" casing and erect plug and abandon marker.
- Prepare to plug and abandon as soon as plan is approved.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

President

DATE

7-16-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

8-1-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

REC-100
AUG - 5 1985
14400 6-10-85